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UTILITY PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 35.G2561					
First Name	ed Inventor or Application Identifier				
KEIICHI IWAMURA	·				
Express Mail Label No.					

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APPLICATION ELEME See MPEP chapter 600 concerning utility patent	ADDR	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231						
Fee Transmittal Form (Submit an original, and a duplicate for fee)	Fee Transmittal Form (Submit an original, and a duplicate for fee processing)			6. Microfiche Computer Program (Appendix)				
3. X Drawing(s) (35 USC 113) Total She	Drawing(s) (35 USC 113) Total Sheets 7				7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies			
a. Newly executed (original or co		<u> </u>	ACCOM	IPANYING APPLIC	ATION PART	· · · · · · · · · · · · · · · · · · ·		
b. X Unexecuted for information pu		8.		Papers (cover sheet				
Copy from a prior application (for continuation/divisional with [Note Box 5 below]	9.		3(b) Statement e is an assignee)	Po	wer of Attorney			
c. Copy from a prior application ((for continuation/divisional with [Note Box 5 below] i. DELETION OF INV. Signed Statement at inventor(s) named in 37 CFR 1.63(d)(2) at Incorporation By Reference (useable if Box The entire disclosure of the prior application the oath or declaration is supplied under Bobeing part of the disclosure of the accompanier hereby incorporated by reference therein.	11.	(when there is an assignee) 10. English Translation Document (if applicable) 11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 12. Preliminary Amendment 13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Small Entity Statement filed in prior application Statement(s) Status still proper and desired 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Other:						
Tal. CORRESPONDENCE ADDRESS X								
NAME								
Address								
City	State			Zip Code				
Country	Telephone		<u>.</u>	Fax	L			

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CLAIN	vis	(1) FOR	(2) N	UMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TO1 (37 C	TOTAL CLAIMS (37 CFR 1.16(c))		33-20 =	13	X \$ 18.00 =	\$ 234.00
		INDEPENDENT CLAIMS (37 cfr 1.16(b))		8-3 =	5	X \$ 78.00 =	\$ 390.00
	MUL	TIPLE DEPEN	NDENT CLAIN	MS (if applicable) (37	CFR 1.16(d))	\$ 260.00 =	\$ 0.00
						BASIC FEE (37 CFR 1.16(a))	\$ 690.00
					Total of	above Calculations =	\$1314.00
		Reduction	on by 50% for	filing by small en	tity (Note 37 CFR 1.9, 1	1.27, 1.28).	
						TOTAL =	\$1314.00
20. 21.	c. X	and desired. Is no longer claimed. A check in the amount of \$\frac{1314.00}{2}\$ to cover the filing fee is enclosed. A check in the amount of \$\frac{1}{2}\$ to cover the recordal fee is enclosed.					
22.	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:						
	a.	X Fees required under 37 CFR 1.16.					
	b. c.	Fees required under 37 CFR 1.17. Fees required under 37 CFR 1.18.					
			•				
		SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
	<u> </u>	NAME	Prion Via	ok Pog No 26 5	370		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Brian L. Klock - Reg. No. 36,570			
SIGNATURE	5-2 Abl			
DATE	March 29, 2000			

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